

AMOUNT PAID _____

EFFECTIVE DATE _____

DATE RECEIVED _____

LICENSE # _____

APPLICATION FOR KANSAS VETERINARY LICENSE

(Please Type or Print Legibly)

1. NAME _____
Last First Middle Initial Maiden
2. ADDRESS _____
Street/Box City State Zip
3. TELEPHONE # _____ SOCIAL SECURITY # _____ U.S. CITIZEN ___ Yes ___ No
4. BIRTH DATE _____ DRIVER'S LICENSE# _____
5. HEIGHT _____ WEIGHT _____ COLOR OF HAIR _____ AND EYES _____
DISTINGUISHING SCARS AND/OR MARKS, give description and location _____

6. VETERINARY COLLEGE & GRADUATION DATE _____
7. OTHER LICENSES HELD _____
8. DEA NUMBERS HELD _____
9. U.S.D.A. ACCREDITATIONS HELD _____
10. LIST PREVIOUS EXPERIENCE OR EMPLOYMENT AS FOLLOWS: (most recent first)
_____ from _____ to (present) _____
_____ from _____ to _____
_____ from _____ to _____
_____ from _____ to _____
_____ from _____ to _____
11. ATTACH A PASSPORT PHOTOGRAPH TAKEN WITHIN THE LAST SIX MONTHS TO THE LEFT MARGIN OF THIS FORM AT THIS LEVEL
12. AFFIDAVIT OF APPLICANT:
I solemnly swear that all information on this application is true, correct and complete in every respect and when granted a license to practice veterinary medicine in the State of Kansas, I will abide by the Kansas veterinary law and adhere strictly to the ethics of the profession.

Signature of applicant DATE _____

STATE OF _____ COUNTY OF _____ SS.
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____.

(Notary Public)

13. From all states in which you are now or ever have been licensed, you must submit LETTERS OF GOOD STANDING. This verification should be sent directly from the state(s) responding to the Kansas board. Our mailing address is:

***Kansas Board of Veterinary Examiners
P.O. Box 242
Wamego, KS 66547-0242***

14. The following information is required by the Kansas Board for licensure and is true and complete under penalty of law. You **must** enclose on a separate sheet a complete explanation for any YES answer below.

CIRCLE ONE

- | | | | |
|-----|----|-----|---|
| YES | NO | 1. | Are you currently enrolled in an ECFVG program or the holder of an ECFVG certificate? |
| YES | NO | 2. | Are you registered or licensed in any other profession? |
| YES | NO | 3. | Have you ever been denied licensure to practice veterinary medicine in any state, US territory, or country for any reason other than examination failure? |
| YES | NO | 4. | Has your license to practice veterinary medicine from any state ever been subject to any disciplinary action or are any such actions now pending? |
| YES | NO | 5. | Have you ever been convicted of any felony or misdemeanor? (exclude minor or juvenile offenses) |
| YES | NO | 6. | Have you ever been convicted of a charge of cruelty to animals? |
| YES | NO | 7. | Have you received treatment for substance abuse in the last five years? |
| YES | NO | 8. | Has the Federal Drug Enforcement Administration ever taken action against, withdrawn or warned you on any thing pertaining to your DEA Number? |
| YES | NO | 9. | Has there ever been any action taken against or warnings issued to any USDA Accreditation held by you? |
| YES | NO | 10. | Have you ever been a defendant or a respondent in any malpractice action? |
| YES | NO | 11. | Have you ever voluntarily relinquished or intentionally allowed to lapse any license, accreditation, DEA number or other certificate necessary for the practice of veterinary medicine in order to avoid action against such certificate? |
| YES | NO | 12. | Have you ever attended any other college of veterinary medicine than the school from which you are a graduate? |
| YES | NO | 13. | Are you now or have you been registered or licensed with any state racing commission? |
| YES | NO | 14. | Are you a diplomate of any speciality in veterinary medicine? |
| YES | NO | 15. | Are you now using a different name than the name used on any educational and/or professional documents in your past? |

**THIS APPLICATION SHALL EXPIRE ONE YEAR AFTER IT IS RECEIVED IN THE OFFICE OF THE BOARD OF EXAMINERS.
\$125 APPLICATION FEE IS NOT REFUNDABLE**

Make check payable to: **KANSAS BOARD OF VETERINARY EXAMINERS**
 1003 LINCOLN STREET
 P.O. BOX 242
 WAMEGO, KS 66547-0242
 PHONE: 785-456-8781 FAX: 785-456-8782